

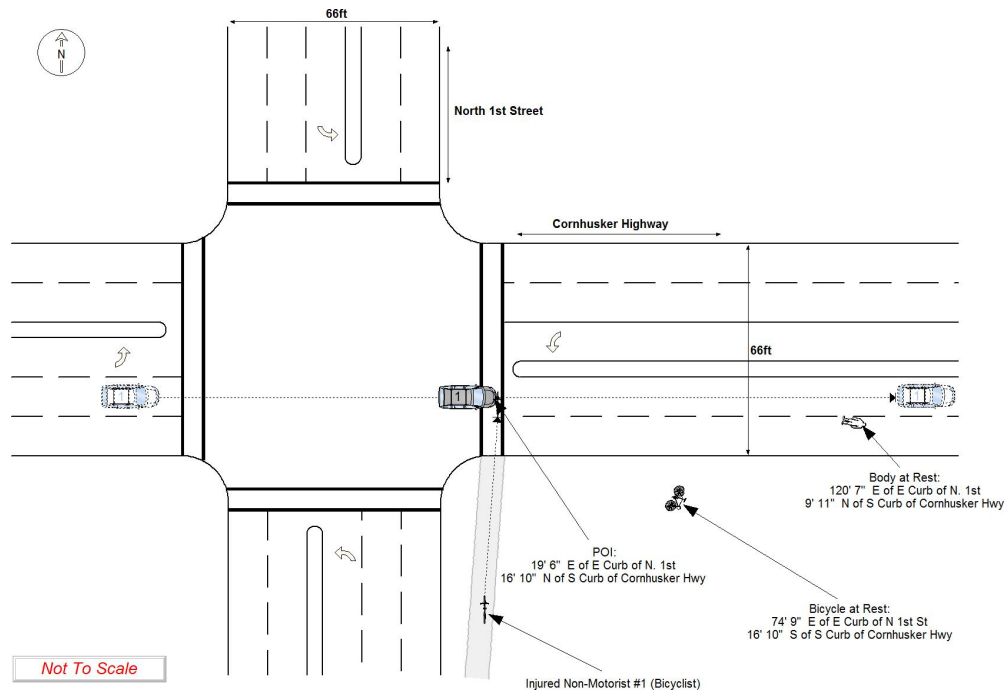
Sheet 1 of 4

THIS FORM REPLACES DR FORM 40, JAN 02
PREVIOUS EDITIONS WILL BE DESTROYED

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-075494



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle #1 was traveling eastbound on Cornhusker Hwy in the inside lane of traffic. Vehicle #1 reached the intersection with N 1st St, the traffic signal was cycled to 'green' for eastbound through traffic on Cornhusker Hwy. Vehicle #1 continued through the intersection and collided with the Bicyclist (Injured Non-Motorist #1).

The Bicyclist was traveling northbound on the east sidewalk along N 1st St without a front or rear light on the bicycle. When the Bicyclist reached the intersection with Cornhusker Hwy, the Bicyclist continued onto the pedestrian crosswalk against the pedestrian crosswalk signal. The Bicyclist crossed the outside traffic lane and upon entering the inside traffic lane was struck by Vehicle #1.

Driver #1 and Witnesses were interviewed and provided matching accounts of the incident.

The Bicyclist was transported by LFR Unit #10 to Bryan LGH West for treatment of injuries.

PROPERTY	OBJECT DAMAGED GT TALERA 26" 21	OWNER NAME RONNY D SCHMIDT	ADDRESS 611 S 44 ST, LINCOLN, NE 68510	PHONE	APPROX. COST OF DAMAGE \$ 100
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME MARY KLIMA 736 W BELMONT AVE, LINCOLN, NE 68521				PHONE 4024990522
	NAME VALERIE L SCHRIEFER 2904 SHELDON, CLOVIS, NM 88101				PHONE 9133044481

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		ALCOHOL/DRUGS SUSPECTED			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1		VEHICLE 2		Driver No. 1	Driver No. 2	Pedestrian		
1			X		CORNHUSKER				4		2		Y	Y	Y		
2													N	N	N		
1	01	06 Turning left			VEHICLE 1		VEHICLE 2		1 Deployed - front		1 None used - vehicle occupant		1		1		
2		07 Making U-turn			POINT OF IMPACT		POINT OF IMPACT		2 Deployed - side		2 Lap & shoulder belt used						
		08 Entering traffic lane			MOST DAMAGED AREA		MOST DAMAGED AREA		3 Deployed - both front/side		3 Shoulder belt only used						
		09 Leaving traffic lane			00 None		01		4 Not deployed		4 Lap belt only used						
		10 Parked			09 Top & windows		02		5 Child safety seat used		5 Child booster seat used						
		11 Slowing or stopped in traffic			10 Undercarriage		03		6 DOT approved helmet used		6 Costume helmet used						
		12 Other			11 Total (all areas)		04		7 Restraint use unknown		7 Restraint use unknown						
		13 Unknown			12 Other		05										
OFFICER NO. 1651				TROOP/TEAM/BEAT 7				DEPARTMENT Lincoln Police Department				Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
INVESTIGATOR NAME (Print or Type) Andrew Vocasek								INVESTIGATOR SIGNATURE Approved by Officer Andrew Vocasek								DATE OF REPORT 08/23/2015	

215033253
56131

State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./
District

034

Agency
Case
No.

B5-075494

STATE USE ONLY

Amended

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

08/19/2015

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. CORNHUSKER HWY

VEH. #	VEHICLE NO.	VEH. #					
	DRIVER LICENSE NO.	STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE				
M	DRIVER	PHONE	LOCAL NO.				
N	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)				
O	OWNER	PHONE	LOCAL NO.				
P	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING	CITATION NO.			
Q	LICENSE PLATE NO.	YEAR (Plate Expires)	STATE (Of Plate)				
	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$
	VEHICLE ID NO. (VIN)	INSURANCE COMPANY					
	TOWED TO	TOWED BY	POLICY NO.				

VEH. #	VEHICLE NO.	VEH. #					
	DRIVER LICENSE NO.	STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE				
M	DRIVER	PHONE	LOCAL NO.				
N	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)				
O	OWNER	PHONE	LOCAL NO.				
P	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING	CITATION NO.			
Q	LICENSE PLATE NO.	YEAR (Plate Expires)	STATE (Of Plate)				
	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$
	VEHICLE ID NO. (VIN)	INSURANCE COMPANY					
	TOWED TO	TOWED BY	POLICY NO.				

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE				RESTRAINT USE VEHICLE				TOTAL OCCUPANTS		VEH		VEH																																									
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE				VEHICLE				VEHICLE				VEHICLE				Driver No.		Driver No.																																			
									POINT OF IMPACT				POINT OF IMPACT												ALCOHOL TESTING		ALCOHOL LEVEL TESTED																																			
									MOST DAMAGED AREA				MOST DAMAGED AREA												BAC LEVEL																																					
									01 Essentially straight ahead				02 Backing				03 Changing lanes				04 Overtaking/ Passing				05 Turning right				06 Turning left		07 Making U-turn		08 Entering traffic lane		09 Leaving traffic lane		10 Parked		11 Slowing or stopped in traffic		12 Other		13 Unknown		00 None		01		02		03		04		05		06		07		08	
Complete this section for all injured persons																										DATE OF BIRTH (MM / DD / YYYY)				1 Seat Position		2 Eject		3 Body Region		4 Injury Sev.		5 Trans.		SEX M F																						
VEH. #																										NAME				ADDRESS																																
VEH. #																										LOCAL NO.				MEDICAL FACILITY NAME				EMS SERVICE NAME				EMS RUN REPORT NO.																								
VEH. #																										NAME				ADDRESS																																
VEH. #																										LOCAL NO.				MEDICAL FACILITY NAME				EMS SERVICE NAME				EMS RUN REPORT NO.																								
VEH. #																										NAME				ADDRESS																																
VEH. #																										LOCAL NO.				MEDICAL FACILITY NAME				EMS SERVICE NAME				EMS RUN REPORT NO.																								

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B5-075494

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
	DEROND D JACKSON	135 ATLANTA, NEDERLAND, TX 77627			5757499640
WITNESSES	NAME	ADDRESS			PHONE
	ESCO J WEATHERSPOON	14150 AZALEA PARK #A, BATON ROUGE, LA 70816			9792647180
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
1651		7	Lincoln Police Department		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT
Andrew Vocasek			Approved by Officer Andrew Vocasek		08/23/2015